

Foster Family Home - Corrective Action Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

Review ID: 1-622309-4

94-117 Kaupu Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/9/2018

End Date: 3/9/18

Foster Family Home

Required Certificate

[17-1454-6]

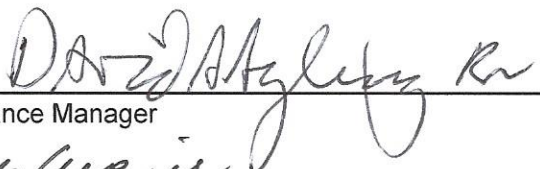
6.(d)(1) Comply with all applicable requirements in this chapter; and

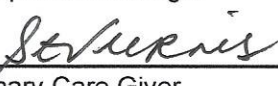
Comment:

Home visit for a 2 person CCFFH recertification review made on 3/9/18.

6.(d)(1) -

Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date